

STATEMENT OF ECONOMIC INTERESTS

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2011 MAR - 9 AM 9:55
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COVER PAGE

MAR - 7 2011

BY:

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
CONWAY CONNIE M

1. Office, Agency, or Court

Agency Name

CA STATE ASSEMBLY

Division, Board, Department, District, if applicable

Your Position

ASSEMBLYWOMAN

► If filing for multiple positions, list below or on an attachment.

Agency: CA COMMISSION ON DISABILITY ACCESS

Position: COMMISSIONER

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

☐ Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2010.

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 4

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I have used all reasonable diligence in preparing this statement. I have reviewed herein and in any attached schedules is true and complete. I acknowledge this

I certify under penalty of perjury under the laws of the State of California that

Date Signed 3/7/2011
(month, day, year)

Signature

RECEIVED
FPPC
SCHEDULE D
Income - Gifts
2011 MAR -9 AM 9:55

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT



► NAME OF SOURCE

John A. Perez for Assembly

ADDRESS (Business Address Acceptable)

777 South Figueroa Street, Suite 4050

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Los Angeles, CA 90017

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

12 / 06 / 10 \$ 110.00 Leather Portfolio

____ / ____ / ____ \$ _____

____ / ____ / ____ \$ _____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

____ / ____ / ____ \$ _____

____ / ____ / ____ \$ _____

____ / ____ / ____ \$ _____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

____ / ____ / ____ \$ _____

____ / ____ / ____ \$ _____

____ / ____ / ____ \$ _____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

____ / ____ / ____ \$ _____

____ / ____ / ____ \$ _____

____ / ____ / ____ \$ _____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

____ / ____ / ____ \$ _____

____ / ____ / ____ \$ _____

____ / ____ / ____ \$ _____

Verification

Print Name Connie M. Conway

Office, Agency or Court CA State Assembly

Statement Type ☒ 2010/2011 Annual ☐ Assuming ☐ Leaving
☐ (yr) Annual ☐ Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

(d)(5)

Signature

Comments:

SCHEDULE E
Income - Gifts
Travel Payments, Advances
and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

- **Reminder** – you must mark the gift or income box.
- You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

▶ **NAME OF SOURCE**
California Independent Voter Project
ADDRESS (Business Address Acceptable)
2350 Kerner Boulevard, Suite 250
CITY AND STATE
San Rafael, CA 94901
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Conference Participant
DATE(S): 10 / 14 / 10 - 10 / 18 / 10 **AMT: \$** 736.50
(If applicable)
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
DESCRIPTION: Speaking Participation at Conference - gift
limits do not apply

▶ **NAME OF SOURCE**
ADDRESS (Business Address Acceptable)
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
DATE(S): ____/____/____ - ____/____/____ **AMT: \$** ____
(If applicable)
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
DESCRIPTION: _____

Comments: _____

▶ **NAME OF SOURCE**
ADDRESS (Business Address Acceptable)
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
DATE(S): ____/____/____ - ____/____/____ **AMT: \$** ____
(If applicable)
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
DESCRIPTION: _____

Verification

Print Name Connie M. Conway
Office, Agency or Court CA. State Assembly
Statement Type ☒ 2010/2011 Annual ☐ Assuming ☐ Leaving
☐ Annual ☐ Candidate
(yr)
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Date Signed (d)(5)
Signature (d)(5)

☐ STATE CAPITOL
P.O. BOX 942849
SACRAMENTO, CA 94249-0034
(916) 319-2034
FAX (916) 319-2134

WEBSITE
www.assembly.ca.gov/Conway

Assembly California Legislature



CONNIE CONWAY
ASSEMBLY REPUBLICAN LEADER
ASSEMBLY MEMBER, THIRTY-FOURTH DISTRICT

☐ DISTRICT OFFICE
113 NORTH CHURCH STREET, SUITE 505
VISALIA, CA 93291
(559) 636-3440
FAX (559) 636-4484

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MAR - 7 2011

BY: me



March 7, 2011

The filer has made a good faith effort to identify, value and report all gifts, tickets, travel payments and reimbursements related to travel in connection with speeches, panels, seminars or other similar events received during the calendar year. The filer has implemented a policy to track carefully and maintain a full and complete log of events attended; events at which the filer was provided meals or other benefits; and events at which the filer did not consume meals or beverages. The filer has relied in part for this tracking system upon the persons and entities providing gifts, tickets and the like to provide confirmation of the event and valuation of gifts and benefits. Any omission from the gifts and travel reimbursements listed herein is inadvertent.

(d)(5)
(d)(5)
(d)(5)

Connie Conway
Assembly Republican Leader

2011 MAR - 9 AM 9:55
OFFICE OF THE
LEGISLATIVE COUNSEL
COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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MAR - 1 2011



BY: KL

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Conway		Connie	M

1. Office, Agency, or Court

Agency Name

CA State Assembly

Division, Board, Department, District, if applicable

Your Position

Assemblywoman

► If filing for multiple positions, list below or on an attachment.

Agency: CA Commission on Disability Access

Position: Commissioner

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is _____, through December 31, 2010.

☐ **Leaving Office:** Date Left _____
(Check one)

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ The period covered is _____, through the date of leaving office.

☐ **Assuming Office:** Date _____

☐ **Candidate:** Election Year _____

Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 4

☐ **Schedule A-1 - Investments** - schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** - schedule attached

☐ **Schedule A-2 - Investments** - schedule attached

☒ **Schedule D - Income - Gifts** - schedule attached

☐ **Schedule B - Real Property** - schedule attached

☒ **Schedule E - Income - Gifts - Travel Payments** - schedule attached

-or-

☐ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

(d)(5)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that

Date Signed

3/1/2011
(month, day, year)

Signature

(File the originally signed statement with your filing official.)

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

CONWAY, CONNIE

► NAME OF SOURCE

Alliance of Automobile Manufactures

ADDRESS (Business Address Acceptable)

1415 L Street, Suite 1190, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 28 / 10	\$ 137.56	Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Bridgepoint Education

ADDRESS (Business Address Acceptable)

13500 Evening Creek Drive North, Suite 600

BUSINESS ACTIVITY, IF ANY, OF SOURCE

San Diego, CA 92128-8104

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9 / 25 / 10	\$ 62.00	Entertainment
/ /	\$	
/ /	\$	

► NAME OF SOURCE

California Building Industry Association

ADDRESS (Business Address Acceptable)

1215 K Street, Suite 1200, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 5 / 11	\$ 79.55	Diner
/ /	\$	
/ /	\$	

► NAME OF SOURCE

California Cattlemen's Association

ADDRESS (Business Address Acceptable)

1221 H Street, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 22 / 10	\$ 55.00	Dinner
3 / 22 / 10	\$ 25.00	Breakfast
/ /	\$	

► NAME OF SOURCE

California Citrus Mutual

ADDRESS (Business Address Acceptable)

512 North Kaweah Avenue, Exeter, CA 93221

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 16 / 10	\$ 61.80	Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE

California Grape & Tree Fruit League

ADDRESS (Business Address Acceptable)

978 W. Alluvial, Suite 107, Fresno, CA 93711

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 17 / 10	\$ 59.10	Meal
/ /	\$	
/ /	\$	

Comments:

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

CONWAY, CONNIE

► NAME OF SOURCE

California Poultry Federation

ADDRESS (Business Address Acceptable)

4650 Spyres Way, Suite 4, Modesto, CA 95356

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 9 / 10	\$ 223.13	Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE

California Tribal Business Alliance

ADDRESS (Business Address Acceptable)

1530 J Street, Suite 250, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

****DID NOT EAT OR DRINK**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 12 / 10	\$ 92.68	Reception
/ /	\$	
/ /	\$	

► NAME OF SOURCE

MillerCoors

ADDRESS (Business Address Acceptable)

411 East Wisconsin Avenue

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Milwaukee, Wisconsin 53202

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 15 / 10	\$ 54.11	Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Sungard Higher Education

ADDRESS (Business Address Acceptable)

8954 Rio San Diego Drive, Suite 202

BUSINESS ACTIVITY, IF ANY, OF SOURCE

San Diego, CA 92108

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 21 / 10	\$ 69.10	Meal
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Agricultural Council of California

ADDRESS (Business Address Acceptable)

1000 G Street, Suite 230, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

****REIMBURSED BOTH EVENTS within 30 days**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 26 / 10	\$ 21.36	Food & Beverages
6 / 23 / 10	\$ 44.08	Reception
/ /	\$	

► NAME OF SOURCE

Chukchansi Economic Development Authority

ADDRESS (Business Address Acceptable)

46575 Road 417, Bldg. C, Coarsegold, CA 93614

BUSINESS ACTIVITY, IF ANY, OF SOURCE

****REIMBURSED**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 10 / 10	\$ 60.58	Dinner
/ /	\$	
/ /	\$	

Comments:

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name CONWAY, CONNIE

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

▶ NAME OF SOURCE	
Klamath Alliance for Resources & Environment	
ADDRESS (Business Address Acceptable)	
PO Box 1234	
CITY AND STATE	
Yreka, CA 96094	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input checked="" type="checkbox"/> 501 (c)(3)
DATE(S): 5 / 13 / 10 - 5 / 14 / 10 AMT: \$ 599.65 (If applicable)	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: Participation with KARE and educational tour by 501(c)(3) not subject to gift limits	

▶ NAME OF SOURCE	
Institute of Governmental Advocates	
ADDRESS (Business Address Acceptable)	
915 L Street, PMB/C414	
CITY AND STATE	
Sacramento, CA 95814	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): 7 / 8 / 10 - 7 / 9 / 10 AMT: \$ 625.85 (If applicable)	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: Speaking Participation at IGA Conference- gift limits do not apply.	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ (If applicable)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION:	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ (If applicable)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION:	

Comments: _____

☐ STATE CAPITOL
P.O. BOX 942849
SACRAMENTO, CA 94249-0034
(916) 319-2034
FAX (916) 319-2134

WEBSITE
www.assembly.ca.gov/Conway

Assembly California Legislature



CONNIE CONWAY
ASSEMBLY REPUBLICAN LEADER
ASSEMBLYMEMBER, THIRTY-FOURTH DISTRICT

☐ DISTRICT OFFICE
113 NORTH CHURCH STREET, SUITE 505
VISALIA, CA 93291
(559) 636-3440
FAX (559) 636-4484

RECEIVED

MAR -1 2011

BY: Re

March 1, 2011

The filer has made a good faith effort to identify, value and report all gifts, tickets, travel payments and reimbursements related to travel in connection with speeches, panels, seminars or other similar events received during the calendar year. The filer has implemented a policy to track carefully and maintain a full and complete log of events attended; events at which the filer was provided meals or other benefits; and events at which the filer did not consume meals or beverages. The filer has relied in part for this tracking system upon the persons and entities providing gifts, tickets and the like to provide confirmation of the event and valuation of gifts and benefits. Any omission from the gifts and travel reimbursements listed herein is inadvertent.

Sincerely

(d)(5)

(d)(5)

Connie Conway
Assembly Republican Leader

2011 MAR -1 PM 4:09

11 MAY -1 AM 8:15



SCHEDULE D
Income – Gifts

► NAME OF SOURCE
Sungard Higher Education

ADDRESS (Business Address Acceptable)
4 Country View Rd., Malvern, PA 19355

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Higher Education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 1 / 10</u>	<u>\$ 85.91</u>	<u>Flowers</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Verification

Print Name Assemblymember Connie Conway

Office, Agency or Court California State Assembly, Dist. 34

Statement Type ☒ 2010/2011 Annual ☐ Assuming ☐ Leaving
☐ (yr) Annual ☐ Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 11/28/11 (d)(5)

Signature [Redacted] (d)(5)

Comments: